

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10791990

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE	25 minus 20 =	5
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

pre-amdt C:

CLAIMS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	33-04		
Total	25	Minus 25	= 0
Independent	3	Minus 3	= 0
FIRST PRESENT		MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>

SMALL ENTITY
TYPE OTHER THAN
SMALL ENTITY
OR

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=		OR X\$18=	90
X43=		OR X86=	—
+145=		OR +290=	—
TOTAL		OR TOTAL	860

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	/	OR X\$18=	7
X43=	/	OR X86=	—
+145=	/	OR +290=	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	
Total	
Independent	
FIRST PRESENT	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B			
Total	25	Minus 25	= 0
Independent	3	Minus 3	= 0
FIRST PRESENT		MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

AMENDMENT C	
Total	
Independent	
FIRST PRESENT	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C			
Total	25	Minus 25	= 0
Independent	3	Minus 3	= 0
FIRST PRESENT		MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- * If the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

10791990

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PTO/SB/17 MODIFIED BY AT&T CORP.**FEE TRANSMITTAL**

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

860

Complete if Known	
Application Number	N/A
Filing Date	herewith
First Named Inventor	Jackel, L. D. et al.
Examiner Name	Lim, Krisna (anticipated)
Group/Art Unit	2153 (anticipated)
Attorney Docket No.	2000-0272CON

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 2745
Deposit Account Name AT&T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

FEE CALCULATION (continued)

3. ADDITIONAL FEES			
Large Fee Code	Entity Fee (\$)		
1051	130	Fee Description	Fee Paid
1052	50	Surcharge - late filing fee or oath	
1053	130	Surcharge - late provisional filing fee or cover sheet	
1812	2520	Non-English specification	
1804*	920	For filing a request for reexamination	
1805*	1840	Requesting publication of SIR prior to Examiner action	
1251	110	Requesting publication of SIR after Examiner action	
1252	420	Extension for response within first month	
1253	850	Extension for response within second month	
1254	1480	Extension for response within third month	
1255	2010	Extension for response within fourth month	
1401	330	Extension for response within fifth month	
1402	330	Notice of Appeal	
1403	250	Filing a brief in support of an appeal	
1504	300	Request for oral hearing	
1452	110	Publication fee for early, voluntary, or normal publication	
1453	1330	Petition to revive – unavoidable	
1501	1330	Petition to revive – unintentional	
1502	480	Utility issue fee (or reissue)	
1460	130	Design issue fee	
1807	50	Petitions to the Commissioner	
1806	180	Processing fee for provisional applications	
8021	40	Submission of Information Disclosure Statement	
1809	770	Recording each patent assignment per property (times number of properties)	
1810	770	Filing a submission after final rejection (37 CFR 1.129(a))	
1801	770	For each additional invention to be examined (37 CFR 1.129(b))	
1802	900	Request for Continued Examination (RCE)	
Other fee (specify):			

SUBTOTAL (1) 770**2. CLAIMS**

Under 37CFR 1.53 (b)
 Under 37CFR 1.53 (d)
 Client

Total 25 - 20 =

Entity Fee (\$)	Fee from below	Fee Paid
5	x 18	= 90

Ind. 3 - 3 =

Entity Fee (\$)	Fee from below	Fee Paid
3	x 86	= 0

Multiple Dependent Claim

Large Fee Code	Entity Fee (\$)	Fee Description
1202	18	Dependent claims in excess of 20
1201	88	Multiple Dependent Claims in excess of 3
1203	290	Multiple Dependent Claims
1204	88	Independent claims over original patent
1205	18	Dependent claims in excess of 20 and over original patent

** or number previously paid

for Reissues, see above

SUBTOTAL (2) 90**SUBTOTAL (3)****SUBMITTED BY**

Typed or Printed Name

Signature

SEND TO: Commissioner

Complete (if applicable)

Reg. Number

Date 3/3/04

Deposit Account User ID

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